Person / company responsible for action									
To be completed by [date set above]									
Exposed person(s) informed?				Agreed action taken?				Risk removed?			
Yes		No		Yes		No		Yes		No	

Completed by: [Name]	Position: [Location manager or Producer]
Signature	Date: [dd/mm/yyyy]

Countersigned by: [Name] Elise Erin Lee	Position: [Producer]
Signature ~~E.E.Lee~~	Date: [dd/mm/yyyy] 4/10/2017